Challenges and Opportunities

Community Living for People with Developmental Handicaps

Ontario
Ministry of Community and Social Services

Honourable John Sweeney
Minister

88-00110/

Ontario

The Premier
of Ontario

Parliament Buildings
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May 1987

Dear Friends:

I take great pleasure in offering my encouragement and support to the parents of developmentally-handicapped residents of Ontario. I would also like to salute the staff of the Ministry of Community and Social Services for the accomplishments in community living which have been achieved over the past fourteen years.

With the release of this document, "Challenges and Opportunities: Community Living for People with Developmental Handicaps," I look forward to the expansion and enhancement of programs, building on this already strong base. The numbers of people to be served through the multi-year plan reflect the government's commitment to fulfilling the promise of true community living for all residents of Ontario.

Sincerely,

David Peterson

Ontario

International Year of Shelter for the Homeless 1987
Année internationale du logement des sans-abri

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May 1987

Dear Friends:

It gives me great pleasure to release this public document: "Challenges and Opportunities: Community Living for People with Developmental Handicaps."

In developing this multi-year plan, my staff and I have drawn on the ideas and advice of literally hundreds of consumers and service providers and other interested individuals and groups.

However, the development of the plan is not an end in itself. It is the beginning of a process which requires the full involvement of everyone who works with developmentally-handicapped people in Ontario. Though this co-operation, all Ontarians will have the opportunity to participate in the mainstream of society.

This document attempts to capture the momentum I think we all sense in our communities. The Ontario Government will do everything in its power to support and promote the goal of community living. We look forward with enthusiasm to greater and greater achievements over the next seven years.

Sincerely,

John Sweeney
Minister

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I. Introduction

In keeping with the government of Ontario's commitment to the encouragement of independence and self-direction for all Ontario citizens, the Ministry of Community and Social Services has undertaken an extensive reassessment of its services to people with developmental handicaps in this province.

This reassessment, conducted over the past six months, has considered the advice of consumer and interest groups and examined the experiences of current programs. It has resulted in a major recasting of the long-term service goals for this sector and the elaboration of a short-term, seven-year strategy which will be a significant step towards the achievement of these goals.

Within a long-term time frame, the ministry is confident that the following can be fully realized:

- **the establishment of a comprehensive community service system in which all developmentally handicapped people receive the support they require in their home communities; and**

- **the planned phase-out of institutional placement of people with developmental handicaps.**

The accomplishment of these long-term goals will be advanced through a series of new service initiatives and program modifications which will serve as a **roadmap to full participation** for developmentally handicapped citizens of Ontario. The seven-year strategies are designed to:

- respond to pent-up demand for services from people living in the community, in nursing homes and in institutions;

- introduce new program models to serve developmentally handicapped individuals in community settings;

- build and strengthen the community-based service system through service redirection and financial reallocation.

These strategies, outlined in succeeding pages, will further establish a network of services which will make Ontario a leader in support and service to its developmentally handicapped citizens.

Specifically, the initiatives outlined in this multi-year plan are designed to extend and enhance community living through:

- strengthening supports for families caring for developmentally handicapped children at home;

- major emphasis on supported independent living arrangements for adults;

- major reforms in the employment system emphasizing integrated training and employment;

- development of community supports and residential programs for people with special needs and complex care requirements; and,

- provision of community living opportunities for many current residents of institutions and nursing homes.

Critical to this future development of services is the elaboration of a clear and explicit policy regarding the long-term role of institutions. The institutional system is not considered a viable service model for the future. The ministry, however, prefers a pro-active, planned approach to the redirection of institutional resources rather than an expensive and prolonged decline through increasing disuse.

These initiatives represent our agenda for change. It is vital to its success, however, that this rejuvenation process receive the continued co-operation and support of all ministry staff, consumer groups and service providers within a network of interdependent roles and responsibilities.

II. Background

The Decade of Development 1975/76 – 1985/86

In 1974, the province of Ontario made a major commitment to provide community-living alternatives for developmentally handicapped people.

That commitment represented a shift from a traditional, institution-based, health care model of service delivery to a more responsive, integrative, community-based approach with the creation of services to support developmentally handicapped people in their own homes and communities.

This new service philosophy was in response to the recommendations made in the Walter B. Williston report "Present Arrangements for the Care and Supervision of Mentally Retarded Persons in Ontario" (1971), which stressed the need to:

- help developmentally handicapped individuals as far as possible in the context of their families, the communities in which they live or to which they will return, and the schools they attend;

- enable developmentally handicapped individuals to live with their own families during their formative years and, thereafter, to live within their own communities.

On the basis of this and other reports, the government of Ontario adopted a new policy focus for the delivery of services to people with developmental handicaps, centred around the concept of community living.

As part of the process, the Developmental Services Act was enacted on April 1, 1974. This Act transferred responsibility for services to developmentally handicapped people from the Ministry of Health to the Ministry of Community and Social Services (MCSS). MCSS assumed responsibility for approximately 8,000 developmentally handicapped people in 27 directly operated and board-run institutions and, in addition, was authorized to develop a community-based service system to support developmentally handicapped people in their own homes and communities with the following service mandate:

- **phase down large institutions;**
- **retain, wherever possible, a developmentally handicapped child with his/her family;**
- **develop community-based support and residential programs;**
- **develop a developmentally handicapped adult's full occupational potential.**

In 1975, only a limited number of residential, day care and workshop programs were available in community settings. It was recognized that if developmentally handicapped people were to remain in their own communities, a wide range of residential options and support programs had to be set in place to meet many differing needs.

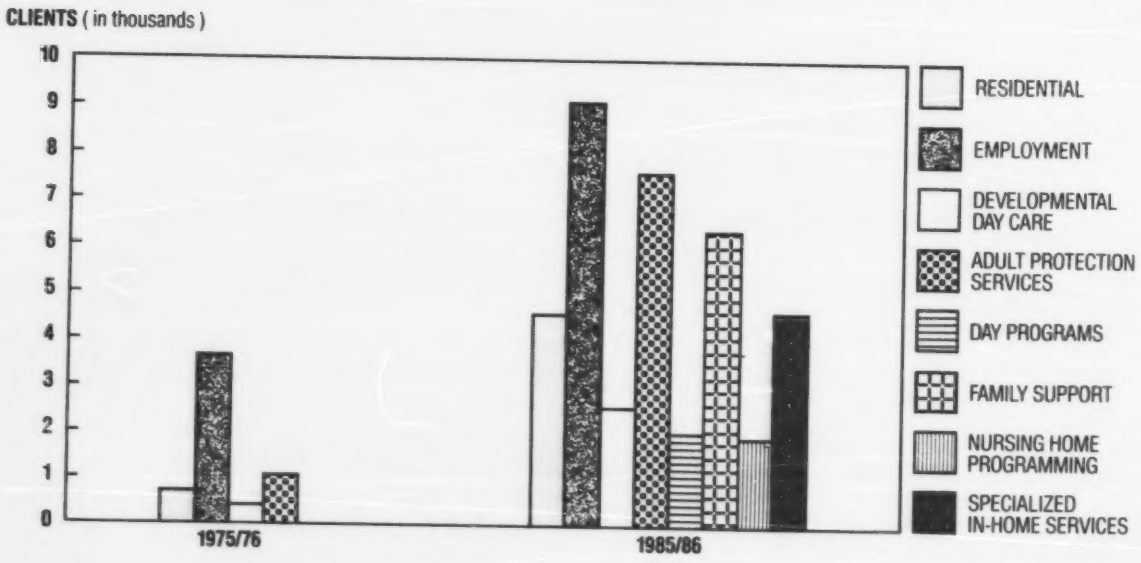
In partnership with associations for the mentally retarded and other non-profit organizations, the development of a community service network to support developmentally handicapped people in their own communities was initiated.

The years between 1975/76 and 1985/86 witnessed tremendous growth not only in the number of clients served within the community, but also in the type and range of services provided. Over this time period, expenditures for community-based services increased from $10M to $181M. This community service growth is displayed graphically in the chart on the following page.

Accommodation was only one of many areas of expansion. The number of developmentally handicapped people served in the community increased from approximately 700 to 4,440 during the ten-year period.

Of particular importance was the introduction of community-based programs to support developmentally handicapped people; programs that would promote as much individual independence as possible such as the Adult Protective Services program. Through this program with its provision for client advocacy, case management and counselling services, developmentally handicapped people received the amount of protection and support required by their individual circumstances.

GROWTH OF COMMUNITY-BASED SERVICES
1975/76 – 1985/86



Increasing resources were directed to programs that would support families to care for their developmentally handicapped relatives. Most families want to keep their sons and daughters with them but require assistance. The provision of services, such as developmental day care and community supports in the form of respite care, the Special Services at Home program, and Handicapped Children's Benefits, represented a major shift in terms of program and service delivery.

Initiatives of other provincial ministries have also served to support a more integrative, participative programming approach and have helped families and service agencies to respond to the needs of developmentally handicapped people.

Most far reaching, in terms of future integration of developmentally handicapped people in the community, was the passage of Bill 82 by the Ministry of Education in 1980.

Bill 82 ensured that all exceptional school-age children in Ontario would have available, by 1985, special education services and programs appropriate to their individual needs without payment of fees by parents or guardians.

The government of Ontario recognized, in passing Bill 82, that the development of a child with special needs is best promoted when treatment, support and educational programs are viewed as interdependent components and are planned together.

The introduction of the Assistive Devices Program by the Ministry of Health in 1980 assisted young people and their families in purchasing selected, medically-necessary devices such as hearing aids, wheelchairs, orthotic and prosthetic devices.

This program also enabled many children in institutions to participate in and benefit from developmental programming and recreational activities both in and outside of institutional settings.

In addition to the development of a community-based service system, the ministry and service agencies worked together to substantially phase down the institutional system. From 1975 onwards, community agencies were actively placing facility residents into community living arrangements. By 1980, the bed capacities of Huronia (Orillia), Southwestern Regional Centre (Chatham) and Rideau Regional Centre (Smiths Falls) had been reduced by 1,500 units.

A series of service improvements within the institutions themselves was also mounted. Developmental services and improved recreational programs were introduced and renovations were undertaken to create smaller-scaled living accommodation and to enhance privacy and accessibility.

Developmental programming and support services, were introduced in 1981 to meet some of the individual service requirements of developmentally handicapped people living in nursing homes and homes for special care funded by the Ministry of Health.

By the early 1980s, it became apparent that a longer-term plan for service development was required. A community service network had been developed that had the capability to respond to a wide range of service demands. A better acceptance and understanding on the part of society regarding the needs of developmentally handicapped people in general had been achieved. And greater levels of program and service expertise were available in community-based settings. These factors led the ministry to believe that closure of some institutions was an achievable goal.

Consequently, in 1982 a five-year-plan to create community living opportunities for approximately 1,000 people living in institutions was announced. Six Schedule I facilities were scheduled for closure across the province, including:

St Lawrence Regional Centre (Brockville);
S.T.A.R.T. Centre (St Thomas);
Pine Ridge (Aurora);
Bluewater Centre (Goderich);
D'Arcy Place (Cobourg);
Durham Centre (Whitby).

This was the first time that full-scale closures had been attempted. Parents, family advocates, institutional staff and communities were initially unclear as to how this new direction would affect the lifestyles of the developmentally handicapped residents involved.

The first centre, in Brockville, closed in June 1983. Six months later, the Bluewater Centre in Goderich closed. In each of these closures, as in the others which followed, the ministry and service agencies worked closely with families to determine optimum alternative placement for their developmentally handicapped family members.

A total of five facilities have now been closed. Based upon program needs, a decision was made to reduce D'Arcy Place in Cobourg to 75 beds. The Oxford Regional Centre (Woodstock) and Rideau Regional Centre (Smiths Falls) have both achieved significant reductions in their population The Schedule I & II facility system that served over 8,000 people in 1975 now serves approximately 5,200 persons.

Independent reports by the Ontario Association for the Mentally Retarded and by sociologists from the University of Waterloo have attested to the positive changes in people who have moved to community settings under the plan. There is broad agreement from developmentally handicapped people and their families that transfer from institutions to community alternatives resulted in a significantly improved quality of life for all concerned.

Community service growth has enabled thousands of developmentally handicapped people to live independently in the community. The system that served 4,600 people in 1975 now provides service, in varying degrees of support, to approximately 25,000 people.

Community agencies have demonstrated their capability to provide quality services to developmentally handicapped people even though previous expectations were that most would remain in institutions for the rest of their lives.

The significant achievements of the past years have been testimony to the wisdom of the decision made in 1974. The efforts of government, community agencies, developmentally handicapped people and their families have proven that all can work together towards realization of the dream of full participation of all developmentally handicapped citizens in Ontario.

III. Reviewing the impact

The social and human benefits resulting from the new service directions begun in 1974 have been significant. The experiences service agencies have gained in serving a generation of developmentally handicapped people in the community have convinced everyone that there are many opportunities for the introduction of new services that will encourage and support a level of integration and participation that was never previously considered possible.

Prior to the completion of the Five-Year-Plan, the Ministry of Community and Social Services initiated a comprehensive review of the needs apparent in the existing system as a basis for designing a strategy to guide future service direction.

In doing so, the goals and objectives for services to people with developmental handicaps were re-examined. The track records of existing programs in meeting their stated goals were reviewed, as well as the analysis, comments and advice of consumer and interest groups received over the past few years. In fact, consumer and service provider advice has been strongly influential in shaping future directions.

There are an estimated 78,000 developmentally handicapped individuals in Ontario who may require some form of training or support at some point in their lives. Since this service demand varies throughout the life cycle, the actual number of people requiring service at any one time would be approximately 44,000.

At the present time, the existing delivery system provides service, in varying degrees of support, to approximately 33,000 people (an estimated 8,000 in institutions and nursing homes and an estimated 25,000 in the community).

With the rapid and diversified growth of community service, it became apparent that institutions, as a long-term residential option, were beginning to be considered unnecessary and that these resources could be more effectively

deployed. Institutional care is no longer viewed as a viable service alternative for the future; increasingly, service preferences and demands are for community services, residential accommodation and supported living arrangements. This is apparent in the following current service trends:

- Extensive family supports and the development of community accommodation have virtually eliminated the incidence of children living in Schedule I institutions;

- After caring for children into young adulthood, families do not like the idea of their sons and daughters moving into institutions as adults;

- Service providers are experiencing greater support and acceptance of developmentally handicapped people in the community. This is most apparent in employment settings where counsellors and placement specialists have observed a greater willingness to place and integrate developmentally handicapped people in a wide range of competitive jobs.

These trends point to an opportunity to refocus the direction of community programs to capitalize upon the greater community awareness and acceptance, and to provide a higher level of flexibility and innovation. Recasting of community service directions was also prompted by the following developments:

A) Increasing Skill Attainments of Developmentally Handicapped People

Skill attainments of developmentally handicapped people have been increasing, as evidenced by changes witnessed over the last ten-year period:

- technological developments have enabled developmentally handicapped people to learn new skills through improved learning techniques and the provision of employment-related devices. The widespread availability of new aids has simplified many household and work-related tasks which previously presented barriers to independent living and employment;

- improvements in educational programming provided by Schools for the Trainable Mentally Retarded have resulted in higher levels of skill acquisition;

- development of a range of children's programs has enabled earlier intervention and the provision of developmental programming during the child's formative years;

- day programming for large numbers of developmentally handicapped adults living with their families has resulted in many acquiring the capabilities to move into more independent settings than traditional group homes;

- some developmentally handicapped people now living in group homes have developed the competence to live in less structured housing and support settings.

B) Demographic and Societal Trends

Changing demographic and societal trends are affecting the service requirements of existing and future consumers. These trends include:

- an increased life expectancy of developmentally handicapped people (for example, children saved by neo-natal technologies and surgical intervention);
- aging of the parents of the baby-boom population (aging parents may find it increasingly difficult to look after developmentally handicapped adults at home without assistance);
- aging of developmentally handicapped people which parallels trends in the population at large;
- single parents assuming total responsibility for the care and supervision of developmentally handicapped children;
- a desire on the part of families to keep their developmentally handicapped sons and daughters as part of the family unit.

Analysis of these trends and developments imply:

- a strong and increasing resistance to placement in institutions;
- a greater demand for individual and flexible service to support both the developmentally handicapped person and the family;
- a decreasing demand for segregated vocational and residential accommodation;
- an increasing need for leisure-based services and alternatives to employment programs for those people who would enjoy more recreationally-based programming;
- greater attention to management proficiency and service infrastructures to manage an increasingly individualized service direction.

IV. Charting the future

A critical element in determining future directions is the assessment of where we want to go and what we want to achieve. This prompted the ministry to look forward to the turn of the century and ask:

"What would represent the ideal service-delivery system?"

"What services do we want to see established to best meet the needs of developmentally handicapped people?"

"What should we be doing that would both promote and encourage the greater participation and integration of developmentally handicapped people into mainstream activities?"

"What are the strengths of our existing system and how can we continue to build upon them?"

"How can we translate existing consumer expectations into service realities?"

The opinions and advice of large numbers of individuals and organizations have contributed to a substantive recasting of a new, long-term goal for this service sector and the elaboration of a short-term, seven-year strategy to set the stage for the promotion and achievement of this goal.

Within a long-term time frame the ministry is confident that the following service objectives can be fully realized:

- **The establishment of a comprehensive community service system in which all developmentally handicapped people have the opportunity to:**

  – live with their own families;

  – live independently in supported living situations and group homes;

  – receive a full range of supports to maintain them in these settings;

- **The planned phase-out of institutional care for developmentally handicapped people.**

The service directions proposed by this multi-year plan will not only continue the advances made during the last decade but will establish Ontario as a leader in terms of imaginative, bold and innovative programming.

To provide the philosophical framework that will shape our future programming and service development for developmentally handicapped people, a new set of service principles has been articulated to guide policy and planning activities.

Service Principles

i) Promotion of Independence

Developmentally handicapped people should have:

- the opportunity to live with their own families in their own communities as long as this may be appropriate;

- a range of residential and non-residential supports locally available;

- access to supportive/developmental services without having to live in an institution or be under the care of children's welfare authorities;

- services appropriate to age and disability;
- programs which offer maximum opportunities for self-direction;
- as much opportunity for program choices as individual capabilities and resources allow;
- services which encourage greater independence and avoid over-programming.

ii) Protection

Developmentally handicapped people should have:

- programs with appropriate supervision and staffing;
- access to advocates, guardians and appeal processes to ensure that their concerns are voiced and considered;
- primary and secondary prevention programs to reduce the incidence and impact of developmental handicaps.

iii) Individual Attention

Developmentally handicapped people should be able to expect:

- individually-tailored services;
- individual program plans, where appropriate;
- flexible and portable services.

iv) Quality Programs

Programs for developmentally handicapped people should be:

- operated with effective case-management practices as required;
- effectively managed at the organizational level;
- organized and rationalized within an inter-agency framework which is both understandable and co-ordinated;
- flexible with the phase-out of out-dated programs and the introduction of new models as required.

In developing its direction for the next seven years, the ministry examined and developed strategies to determine:

- how to best meet the differing service requirements of developmentally handicapped people already living in the community, in nursing homes and in institutions;

- what new services and program modifications should be implemented to meet the challenge of serving clients with varying levels of need in the community;

- what administrative supports and structures are needed to lay the organizational groundwork for a total, community-based system.

V. Seven-year strategic objectives

As a result of this philosophical base, the ministry, over the next seven years, will be developing:

- **a wide range of residential, supported-living, employment, day program and support services for 8,000 - 9,000 developmentally handicapped people living in the community;**

- **community living alternatives for a minimum of 1,000 people now living in institutions; and**

- **community living alternatives for 1,000 developmentally handicapped people currently living in nursing homes.**

At the same time, the ministry is conscious of the fact that until a total, community-based system is effected, measures should be taken to safeguard the service integrity of the institutional system. That is:

- adequate levels of programming and direct care must continue to be provided; and

- some capital expenditures must be made to avoid plant deterioration and to ensure the safety of residents.

VI. New community service directions

Community service development over the next seven years will introduce new service approaches and program modifications that will bring us one step closer to the full integration of people with developmental disabilities.

The service requirements of developmentally handicapped people are changing, largely due to the effectiveness of the community-based services established in the last decade. More independent and capable developmentally handicapped people can benefit from services that permit greater flexibility and individual program planning. The new services designed to meet these people's needs share the following characteristics:

- **portability** (services that are not tied to any one setting);
- **differentiation** (to provide a greater element of choice for developmentally handicapped people);
- **integration** (to enable developmentally handicapped people to be served in mainstream, community settings as opposed to segregated settings).

This will be accomplished through the provision of supports in a wider range of less structured accommodation and employment settings. Service providers will be able to meet developmentally handicapped people's individual needs with increased responsiveness and flexibility.

A) Supported Independent Living and Familyhome Programs

New and modified **supported living programs** are being planned. By broadening the spectrum of supportive-living programs for developmentally handicapped people, service agencies will be able to offer individuals the level of service that is most appropriate to their needs and abilities at every stage of their lives.

Under the **Supported Independent Living** (SIL) **program**, developmentally handicapped people live independently in the community, normally in apartment settings. Typically, SIL clients go to work or to a training program during the day. A worker, however, may go to the client's apartment to assist him/her in the morning before work, in the evenings, or on weekends. The average staff/client ratio of one-to-eight insures that clients can receive supervision on a daily basis, if required.

SIL clients are responsible for their basic needs such as accommodation and food, while workers assist with shopping, banking, household management, landlord/tenant matters and provide any other assistance required by the client to live as independently as possible.

While the SIL program was originally planned to serve only 200-300 persons, it has far exceeded initial service expectations, now serving over 1,000 persons. Moreover, although the program was intended to serve only the most independent of developmentally handicapped people, there is considerable potential to serve the more seriously handicapped.

It is proposed to serve those people who have need for higher levels of on-site supervision with a new, enriched, supported-living program. This program will provide an alternative for people currently on group home waiting lists, or

provide flow-through opportunities for people now living in group homes who could be moved to less structured and more independent settings.

Supported Living Programs have benefits from both a program and economic perspective:

- **Portability**: Service is arranged for the client in his/her choice of accommodation, offering families and agencies more scope to develop services in apartments, townhouses and family homes.

- **Flexibility**: Service providers can vary the amount of support with the changing needs of the client.

A second, supported-living model, introduced in 1983, was the **Familyhome program.**

Familyhome was intended for developmentally handicapped individuals who prefer to live in supervised family settings. They may be capable of community living but require supervision, guidance and direction in some aspects of daily life, or they may require certain specific care or training which is best provided in a stable, caring and supportive household.

This program too, has exceeded earlier expectations in accommodating adults with more complicated disabilities. Although it has not grown at the same rate as the SIL program, an increasing number of agencies are proposing to expand this service.

Provision will be made by the ministry to increase Familyhome per diems to support agencies in the further development of this service model, and to enable alternative ministry or government-funded programs to convert to this funding base.

B) Employment Programs

Over the past five years, emerging employment opportunities for developmentally handicapped people and new training models that would enable them to acquire and retain employment have been enthusiastically supported by many professionals and disabled people.

At the same time, consumers and professionals alike have expressed dissatisfaction with the traditional sheltered workshop system.

Dissatisfaction is a result of several concerns:

- limited emphasis on training for competitive employment, resulting in unnecessary placement in long-term sheltered settings;

- segregated settings;

- outdated workshop production and marketing methods;
- lack of an equitable and objective wage policy.

Service providers have acknowledged the limitations of workshop programs. As a result, many providers have independently developed more effective and innovative models in recent years. In doing so, they have demonstrated potential to provide satisfying work alternatives for developmentally handicapped people.

The ministry intends to build upon the successes of these experiments here in Ontario, and in other jurisdictions, through a series of interrelated initiatives. These are designed to create a range of initiatives and opportunities that will allow for more integrative employment. These employment-related initiatives are part of a set of strategies entitled **Project Opportunity.**

In developing Project Opportunity, the Ministry of Community and Social Services worked with a wide range of consumer and service organizations in a major review of vocational training and sheltered employment systems in an effort to overhaul the existing sheltered workshop system. This review involved considerable input from consumers, service providers, individuals and other government ministries and addressed:

- training methods;
- alternatives to competitive employment;
- wage policy;
- impact of technology;
- relationships between sheltered work and private business;
- the appropriate balance between the social service and the employment aspects of the system.

From that review, proposals have been examined in liaison with the Ministry of Labour to modernize and streamline the vocational-training and sheltered-employment network.

The overall purpose of Project Opportunity is **to maximize employment opportunities for people who are disadvantaged by developmental handicaps.** People with disabilities will receive a full range of support and assistance through a system which:

- **provides maximum individual choice and flexibility;**
- **offers equal access to relevant skill development, training and employment;**
- **promotes integration at the individual and system levels;**

- **is age- and need-appropriate;**
- **ensures that disabled people, professionals and employers are full partners in the development and direction of programs;**
- **ensures that programs are rationalized within a framework that is understandable and co-ordinated;**
- **offers disabled individuals maximum opportunity for self direction;**
- **incorporates an objective and equitable wage policy.**

i) Employment Training

Programs designed to assist developmentally handicapped people to acquire and retain competitive employment will be clearly separated from programs designed to be an alternative to competitive employment. In order to effect this program redirection, new funding and program structures called **Employment Training Units** will be introduced.

In some cases, Employment Training Units will be established within existing agencies and, in other cases, new ones will be developed. Employment Training Units will be agency-sponsored programs with a clearly defined mandate to assess, train and place clients in jobs and to provide the transitional supports necessary to make the job placement a success.

Emphasis in training will shift to actual job sites and will greatly enhance placement capacity.

Employment Training Units will also assist developmentally handicapped people to access generic employment services, and to draw in the necessary resources required to assist clients in obtaining and keeping competitive jobs.

Employment Training Units will not be required to generate the revenues previously expected within the workshop system.

ii) Supported Employment

For those who cannot, in the short run, compete in the fully competitive market, a new **Supported Employment Program** will provide clients from segregated settings, individual and group placement opportunities in private sector settings with agency on-site supervision and job supports, such as job coaching and retraining.

This service model is now well developed in Ontario and provides developmentally handicapped people – even those with very significant handicaps – the opportunity to join their non disabled peers in a range of integrated business settings.

iii) Affirmative Business

In recent years, many organizations and individuals in the sheltered employment network have developed innovative proposals for the creation of local jobs for developmentally handicapped people who are not fully competitive. These proposals have often involved the integrated work settings which could be self-sustaining, given the appropriate investment and support.

These initiatives represent an exciting set of new directions which will be encouraged and supported through flexible, provincially-funded arrangements to stimulate partnership with business.

As part of the seven-year initiatives, the ministry will promote and support the development of a wide range of Affirmative Businesses.

iv) Wage Policy

The province is committed to the introduction of new wage policies. Alternatives have been developed and discussed with the Ministry of Labour, consumer groups and service providers. While still subject to consultation, wage policies will reflect the following principles:

- promotion of integration;
- establishment of equitable and objective measurement criteria;
- recognition of the sensitive balance between social assistance and employment-based programs;
- assurance that all developmentally handicapped people who are fully employed in the competitive market receive at least minimum wage.

v) Non-Vocational Day Programs

Experience with life skills and adult-development programs in Ontario and other jurisdictions has generated a wealth of information on non-vocational day programs which would provide developmentally handicapped people with greater individual choices and different combinations of daytime activities.

MCSS, particularly in response to the service demands posed by older developmentally handicapped people, wants to ensure a wide range of non-vocational programs for people who want more leisure-based options.

In addition to expanding and differentiating current life skills and adult development programs and encouraging the use of non centre-based life skills models, MCSS will be supporting:

- development of creative programs to meet the recreational needs of developmentally handicapped people;

- involvement and leadership of the Ministry of Tourism and Recreation and leisure/recreation agencies in appropriate program development;

- opportunities for part-time voluntary placement in local businesses and leisure programs.

C) Family Support Services to Assist Parents and Families

Since 1974, a broad range of community-support programs and special-needs programming has been set in place, including parent relief, infant stimulation, behavioural management, community living skills and case management for people who live in the community.

These services have been well received by families caring for developmentally handicapped persons in the home. Indeed, they have strengthened and assisted families to the extent where developmentally handicapped children are no longer placed in institutions.

Among the most innovative and successful of programs initiated in recent years has been the Special Services at Home program. In this program, the ministry purchases specialized packages of services for children who might otherwise have been placed in institutional or residential settings.

Service providers, agencies, and client support groups, such as local associations for the mentally retarded, have expressed considerable support for a more flexible, client-focused service model, and have indicated a willingness to undertake major responsibility for clients and the provision of services such as case co-ordination, professional assessment, individual program planning, behaviour management, consultation and family relief.

MCSS, therefore, is proposing to provide additional funding to further strengthen the family support system in the following program areas:

- **community support programs** (for example, respite care, infant stimulation, behavioural management);

- **children's special needs** (developmental services to children to enable the child to live with the family);

- **adult special needs** (development of a new program to enable adults to continue to live with their families).

Whether these services are provided on an individual contract approach or through a more structured agency community-support program, they will reinforce the capability of service agencies to develop individualized service for developmentally handicapped people and to assist the families of disabled people to care for them in the family home and in their own communities.

D) Residential and Supported-Living Arrangements for Children and Young Adults with High Care Needs

Provision will be made to meet the service requirements of special needs groups.

While the record of community service development, to date, has been one of progressive achievement, the community service system has not yet provided sufficient resources to meet the service requirements of:

- people with both developmental and psychiatric handicaps who require services from both the health and social welfare systems;
- medically fragile children and adults with multiple disabilities.

The majority of the existing community-based residential, group homes serve developmentally handicapped people with low to moderate service requirements.

There is, however, a real shortage of residential, group-home accommodation for multiply disabled young people with complex care requirements. Indeed, it has only been in recent years that the community-based system has started to develop the capability to meet these needs.

To eventually serve all developmentally handicapped people in a community-based setting, an effort must be made now to begin developing residential services in the community that will provide an alternative to institutional and nursing-home placement.

A substantial proportion of residential funding will, therefore, be directed to provide multiply disabled people with the accommodation to live in a variety of community-based, supported-living settings.

The challenges posed by serving these consumer groups in the community are exciting; considerable scope exists to use not only the group-home model, but also core-residence models, supported-living and foster-home arrangements.

In the future, it is envisaged that group-home service will give priority to persons with more complex care requirements or who require 24-hour, on-site supervision. Over time, more capable clients will be relocated to supported-living situations that are individually developed to meet their need for support or supervision.

VII. Institutional and nursing home initiatives

Significant funds will be allocated to provide services to an estimated 8,000 to 9,000 developmentally handicapped people already living in the community

over the next seven years. This will further expand and strengthen the community-based network of service and prevent future institutional placement as institutions continue the phase-down process.

The extension of the community-based system, however, will be accelerated by the institutional reduction strategies planned for the next seven years.

A) Institutions

i) Institutional Phase-down

At the end of the fiscal year 1986/87, there will be 14 directly operated Schedule I and 10 board-operated Schedule II facilities, serving an estimated 5,200 persons.

The future of the institutional system is a critical determinant in both short- and long-term service development, in terms of resource allocation over the next seven years.

Institutional living is not a viable service model for the future. There are several reasons for this view:

- the congregation of hundreds of people in large remote settings is often **counter-productive** in preparing people to live in the community;
- **it does not promote family involvement** with the developmentally handicapped person, (for example, large geographic areas served by some institutions can make family visits both expensive and time consuming);
- experience has demonstrated that the resources allocated to the institutional system could be deployed in **more cost-effective ways.**

Even if institutional care were viable, many present institutions would require rebuilding and relocation because of their remoteness and deteriorating plant conditions.

The ministry greatly prefers a pro-active, planned approach to the re-allocation of institutional resources that would involve existing institutional management and program staff in the planning process, rather than an expensive and prolonged decline through attrition.

In proposing its commitment to the planned phase-out of institutional care for developmentally handicapped people, several new and innovative strategies to accomplish this goal will be undertaken.

Traditionally, the phase-down and closure of institutions was accomplished solely through the expansion of agency-based, transfer-payment programs. While the development of services by community agencies represents the ideal strategy, it currently has two major limitations.

Community agencies are pressed to respond to local waiting-lists and may, therefore, be less inclined to give priority to institutional residents. Additionally, some agencies have less experience and familiarity with the more intensive programming required for people who have lived in institutions for much of their lives.

While facility closure and phase down approaches in this plan will rely heavily on the development of services by community agencies, new strategies are being designed to accelerate the reduction of the facility system. These approaches include **divestment and diversification**.

Divestment is a process involving the establishment of new community boards with a mandate to create community services for some or all of the residents of a specific facility, using current financial and human resources from the facility.

Diversification is a process where institutional managers and staff directly establish the community-based services required by their residents. This strategy would assure facility staff of an ongoing responsibility for the provision of services though not in the institutional setting.

Diversification is not an end in itself; the ministry views diversification strategies as an interim means to accelerate community living for people in institutions; the ultimate long-term goal, however, is to have the community assume ongoing responsibility for service delivery.

Divestment and diversification strategies have several major advantages:

- direct mobilization of institutional resources in the promotion of community living;
- dispersal of concentrated resources within rural areas of the province to respond to local needs,but not to the degree that any one community becomes saturated;
- continued access to theexpertise of existing facility staff.

In the past, institutional staf were often required to move to other institutions to continue employment. Divestment and diversification options provide greater opportunities for institutional staff to move into community settings while continuing to work within the developmental services field.

As part of the planning process, specific plans will be developed for each institution in the province. These plans will be united in a single co-ordinated plan to guide the process ofinstitutional reduction.

While the specific strategiesfor each facility are not yet complete, there are several planning guidelinesthat will be reflected in the institutional plan. These include:

- incorporation of the goals and principles in this multi-year plan;
- movement of 1,000 people now living in institutions to community-based settings;
- potential use of all the strategies including divestment and diversification;
- substantial bed reductions in the larger facilities;
- the phasing-out of a minimum of 1,400 beds over the next seven years (400 through attrition).

The creation of a total community-based system is a long-term goal; it cannot be accomplished within the next seven years. Therefore, service issues of people who continue to live in institutions must be addressed.

ii) Institutional Staffing

The ministry is conscious of its responsibility to provide quality care for those people who will remain in institutions for the time being. To ensure their well-being, the addition of direct care staff will be funded.

Additional staff are required to bring facility services up to standard, as well as to plan and prepare institutional residents for the move to the community, particularly in the co-ordination of resident movement processes. This will include:

- development of placement principles that take into account the resident's wishes and parental consultation;
- establishment of resident profiles to facilitate matching;
- ensuring that every resident has a case manager and that follow-up procedures are in place;
- preparing residents for discharge to the community and, for some clients, accompanying them to the new setting to facilitate their adjustment.

iii) Capital of Schedule I and Schedule II Facilities

Capital dollars directed to the institutional sector will be used to undertake capital renovations to ensure that health and safety standards are maintained for people who will be living in institutions, until such time as all people are relocated in the community.

B) Nursing Homes

There are over 3,000 developmentally handicapped children and adults who are residing in nursing homes as a result of a lack of alternative services. These

children and adults require developmental programming and, in many instances, are inappropriately served by the nursing-home model of service.

In recent years, measures have been taken to substantially reduce admissions to nursing homes. In 1974, for example, about 20 per cent of the residents who moved out of institutions went into nursing homes. The growth of community alternatives and policy changes have reduced admissions to a small number of isolated cases.

Though it has been recognized for many years that many developmentally handicapped residents in nursing homes required developmental services rather than nursing care, resources have not been available to address this problem. The ministry proposes to support community living options for 1,000 developmentally handicapped people from nursing homes.

People leaving the nursing homes will receive a variety of support programs, including specialized residential care, day programs as well as individually-tailored life skills and behavioural training.

The Minister of Community and Social Services has announced the government's intention to complete the relocation of all children in nursing homes within one year.

Working with officials of the Ministry of Health, MCSS staff have created an implementation framework to begin the seven-year transfer of 1,000 developmentally handicapped residents in nursing homes to alternative community options.

There is agreement in principle between the Ministries of Health and Community and Social Services that the major priorities for transfer will be:

- children and young adults;
- people in homes with physical plants requiring renovation.

MCSS will not be taking over any existing nursing-home physical plants; rather, developmentally handicapped people will be relocated to alternative services to be developed by community service agencies. Services provided to developmentally handicapped people will be comparable to the funding ranges of MCSS's existing programs.

Appropriate legislative changes will be made to ensure that children are no longer admitted to nursing homes. Service reviews will be undertaken for each developmentally handicapped adult applying for admission to a nursing home to determine if other, more appropriate programs can be provided by MCSS.

It is proposed to use existing tri-ministry funding to provide programming for people who are not transferred out of the nursing homes, clients residing in the residential homes for special care program and, in the interim, for people waiting in nursing homes to better prepare them for community living.

VIII. Service implications

MCSS recognizes that, without assistance, service agencies will be hard pressed to meet the demands that community service development will place upon them both in the short and long term.

The initiatives described in the multi-year plan involve "a new way of doing business". Service agencies will, therefore, be asked to play a strong role in assisting the ministry to modify existing legislation, and programs to complement multi-year service expectations.

A) Service Agency Management Infrastructure

The development of the community-based system with its emphasis upon individualized and family support programs will require greater attention to the management infrastructures underpinning community-based programs. Any further program development will need to address:

- management inexperience of some service providers;
- salary inequities;
- technological improvements required for effective cost control and accountability.

Some of the initiatives the ministry is reviewing that would assist agencies in an expanded service delivery function include:

- addition of professional clinical staff in larger service agencies to provide advice and consultation to front-line workers;
- redeployment of professional teams from institutions to support local programming;
- enhancement of the management and financial control functions of agencies through the use of updated technologies;
- raising salary floors of direct care and professional staff;
- advice and consultation services for the organizational enhancement of service agencies.

B) Agency and Consumer Groups' Role in Service Planning and Delivery

The ministry has taken a long, hard look at where we want to go in the future. We are now asking service providers and consumer groups to do the same thing – to

step back and rethink service directions so that future service development advances our mutual goals of enhanced integration of developmentally handicapped people into mainstream activities.

Community-service development for the next seven years will not be more of the same or a simple linear projection of past expansion. It will not be enough to simply provide clients with a group home and workshop space. Both ministry staff and service agencies must work together to develop more imaginative responses to service delivery that will involve the co-operation of existing communities at all levels.

The ministry acknowledges its significant funding role in meeting the needs of developmentally handicapped people. However, if a comprehensive community-service system is to be realized, all people are responsible for providing opportunities that will enable developmentally handicapped people to become contributing members of the community.

A community-based system for people with developmental handicaps can only be achieved if ministry staff and local agencies appreciate the need to make effective use of community-based resources. This means that some existing service assumptions regarding client programming and placement may have to be questioned and reviewed.

As noted earlier, for some clients, group-home placement will not be considered a long-term residential placement but rather a transitional resource where the developmentally handicapped people can acquire the skills necessary for more independent living. Clients who are assessed as appropriate for other supported-living options will not be considered for group-home placements.

If specialized resources are required to serve groups with complex care requirements, resources will be earmarked for people with these needs. Should the individual cease to require that level of care, another service alternative will be developed to meet his or her new service requirements.

Consequently, a major part of the consultation and dialogue process between ministry, institutional and service agency staff will be one of determining jointly how best to:

- strengthen the abilities of agencies to manage resource issues, service planning and new program development to reflect the multi-year plan and long-term objectives;

- plan what resources are needed *in the long term* to effectively serve developmentally handicapped people in any given region and provide the appropriate back-up resources;

- facilitate equitable distribution of resources to ensure access and availability of services;

- ensure that concerns of developmentally handicapped people are voiced and considered;

- ensure that appropriate supports are developed to meet the needs of francophone citizens.

In meeting the strategic objectives of the multi-year plan, much policy and program development work needs to be done. The ministry is looking to consumer organizations, service agencies and ministry staff for ideas and advice as to how new programs can best be developed to meet long-term objectives.

In summary, these objectives are as follows:

To maximize employment opportunities for people who are disadvantaged by developmental handicaps, by the:

- placement of developmentally handicapped people in competitive situations;
- development of on-the-job training opportunities with appropriate supports;
- development and implementation of supported employment;
- refinement and promotion of the Affirmative Businesses;
- implementation of an equitable and objective wage policy.

To develop a program to provide individualized support to adults and children in their own homes, by the:

- rationalization of special needs program and handicapped children's benefits;
- development of a program to meet service requirements of developmentally handicapped adults.

To develop flexible services and funding arrangements that are tailored to each person's individual needs, by the:

- development of case-management models;
- development of enriched family home and supported, independent living models.

To design and implement models of service delivery for special needs populations (for example, dual diagnosis, medically fragile, and children and adults with multiple handicapping conditions), by the:

- development of residential and supported-living models with consideration given to the staffing and supports needed to maintain people with special needs in the community-based settings.

To develop and implement primary and secondary prevention strategies which reduce the incidence and impact of developmental handicaps by:

- public awareness campaigns;
- research studies.

To achieve the interim and long-term role of institutional services by:

- facility reduction;
- examination and refinement of the resource centre service model.

IX. Implementation planning

The scope of the initiatives requires strong central, regional and local management as community services are developed to meet the needs of developmentally handicapped people in the community, nursing homes, and institutions.

The major task ahead is one of developing a cohesive system of services, through comprehensive local plans, with strategies for facility depopulation or divestment, nursing home transfers and service development for community-based clients that will take into consideration the needs of all the stakeholders.

The ministry has established a central steering committee to provide leadership and co-ordination for the multi-year initiatives.

Regional planning and implementation teams will be established in each of the ministry's four regions to assess service priorities and to co-ordinate local planning.

In conjunction with MCSS area offices, this will entail meeting with local associations for the mentally retarded, other involved service providers, institutional staff, advocacy organizations and interested parents and consumers, to outline and discuss the overall direction of the plan and its multi-year initiatives and to lay the framework for future planning efforts.

Forums for future dialogue and discussions will be established on an ongoing basis to determine service priorities and management improvements as well as to provide input into policy and program development.

The ministry intends to engage the Ontario Association for the Mentally Retarded in a major priority-setting and planning exercise to determine the sequence of service planning over the next seven years.

The Ministries of Health and Community and Social Services will also be meeting with the Ontario Nursing Home Association to discuss the principles agreed to by Health and MCSS which provide for transfer, and to outline the proposed process of implementation that will affect nursing homes. Meetings will be scheduled with affected, individual operators to review details of process and time frame of implementation.

All interested parties will have the opportunity to be involved in implementation planning. The expert advice of service agencies, consumer groups, families and institutional staff will be essential to the successful accomplishment of our goals.

Over the past 14 years, developmentally handicapped people, service providers and governments have collaborated to establish a community service system which is a source of pride for all involved. The experience in creating this service base has given everyone a sense of accomplishment and, perhaps more significantly, a glimpse at what is possible.

We are now ready to use this experience to extend community living to a level most of us could only dream of a decade ago. As we enter the last part of this century, the challenge facing us is not simply an expansion of current models and existing services. Rather, the challenge is to extend the boundaries of the community-living concept beyond what we previously thought possible to the full integration of developmentally handicapped citizens.

The province of Ontario looks forward with enthusiasm to working with everyone involved in this vital service sector to meet the challenges and opportunities which lie ahead.

X. Selected Bibliography

Over the past few years, MCSS has received valuable input through meetings with service agencies and consumer groups. In addition, the comments and advice of families of developmentally handicapped people have greatly assisted the ministry in developing this new direction for future service.

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